Pro Se 8 (Rev. 12/16) Complaint for Violation of Fair Labor Standards

## UNITED STATES DISTRICT COURT

for the

	District of
	Di
	1:20-cv-01425  Judge Rebecca R. Pallmeyer  Magistrate Judge M. David Weisman
Robert Shapiro	
Plaintiff(s) Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, blease write "see attached" in the space and attach an additional bage with the full list of names.)	) ) Jury Trial: (check one) Yes No )
- <b>V</b> -	
Deportment of Labor	RECEIVED
Defendant(s)	FEB 2 7 2020
Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)	) THOMAS G. BRUTON CLERK, U.S. DISTRICT COURT

#### COMPLAINT FOR VIOLATION OF FAIR LABOR STANDARDS

#### I. The Parties to This Complaint

#### A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Robert Sha	pino	
Street Address	on Avenue Flr. 2 #		
City and County	New York, A		
State and Zip Code	NY ·	1963	
Telephone Number	46.75		
E-mail Address			- ,, =

### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

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Defendant No. 1	
Name	Seamless
Job or Title (if known)	Employer
Street Address	
City and County	NewYork, NewYork NewYork
State and Zip Code	NewYork
Telephone Number	
E-mail Address (if known)	
Defendant No. 2	
Name	Employer
Job or Title (if known)	Employer
Street Address	
City and County	Chicago Cook
State and Zip Code	Illinois
Telephone Number	
E-mail Address (if known)	
Defendant No. 3	
Name	1 4 8 1
Job or Title (if known)	
Street Address	Employer
City and County	Sussexlessex
State and Zip Code	Sussexlessex Massachusetts
Telephone Number	1 (4 > 240110 × 11 3
E-mail Address (if known)	
Defendant No. 4	
Name	Uper
Job or Title (if known)	Employer
Street Address	(
City and County	Chicago Cook
State and Zip Code	Illimais
Telephone Number	
E-mail Address (if known)	

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#### C. Place of Employment

The address at which I am employed or was employed by the defendant(s) is

Name	Rebut Shapino / Grubhub
Street Address	2 0 Summer Street
City and County	Boston
State and Zip Code	Massachusetts
Telephone Number	

#### **Basis for Jurisdiction** II.

This action is brought pursuant to (check all that apply):

 $\times$ Fair Labor Standards Act, as codified, 29 U.S.C. §§ 201 to 209.

Relevant state law

X Relevant city or county law

#### III. **Statement of Claim**

State as briefly as possible the facts of your case. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Nature of employer's business:

Food and Beverage, Delivery

Dates of employment: B.

2015 - 2018

C. Employee's job title and a description of the kind of work done:

Carrier, driver, deliverer, that was a food and beverage kined of job by covier title, taxi license, safe service title, ucc

D. Rate, method, and frequency of wage payment:

perhour/rate of gratitude, electronic and direct doposit, at a weekly to daily frequency as a hired employee

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	Number o	of hours actually worked each week in which a violation is claimed:
		(prescheduling)
2	20-30 h	rs/wk, block scheduling at 2-4 how shifts or intervals.
	Description	on of the alleged violation(s) (check all that apply):
	$\boxtimes$	Failure to pay the minimum wage (explain)
		Frequently less than 20 hrs of available schedule at advertised wage 9-10/n+gratuitors.
		at advertised wage 9-10/nrtgratuitors.
	$\bowtie$	Failure to pay required overtime (explain)
		over 30 nous or 40 nrs vales at less to
	failure to	provide over shift by block schedung nut available herrs over 30?
	Ø	Other violation(s) (explain)
		Boleen Act.

G. Date(s) of the alleged violation(s):

2015 - present determinations of terminating employment by Lyff, Grubnub, Amazon

H. Additional facts:

frequent snatching by other employees the assigned route, unionizing or by

deliveries, schedule blocks, or entine Stateanning

work place

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D	C - 6	O (D	13/16	Complaint	C	X 7 . 1 - 4 .	CT.	T 1	0. 1	1
Pro	>e 2	KIKEV	1//161	Complaint	TOT	Violation	OFFAIR	1 anor	Standard	лς

IV.	Relief
	State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.  **Description**  **Description**
	replace stolen property - bicycles, workplace labor or shifts taken
	by reformers, deserters,
	television, sterage,
rongsore (	- Northwestern Will - Prince George's without present - are property that the stole cases paid without present - for, personal documents, birth continuate, laceration - holds on shelter or adolesses
v.	Certification and Closing work Cellular phone or business tablet, book bag or labor from deprivation classe, proof-dua, vi discritmized?
	Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.
A.	For Parties Without an Attorney
	I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.
	Date of signing: $02/17/2020$
	Signature of Plaintiff  Printed Name of Plaintiff  Pobert Shappro
В.	For Attorneys
	Date of signing:
	Signature of Attorney
	Printed Name of Attorney
	Bar Number

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Name of Law Firm	EEOC, DOL,
Street Address	
State and Zip Code	
Telephone Number	
E-mail Address	



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## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

## **CHARGE OF DISCRIMINATION**

EEOC Form 5A (October 2017)

For Official Use Only – Charge Number:

Personal Information	First Name: Robert Shapero MI: Last Name: Shapero  Address: 450 Lexington Avenur Flr. Z  City: New York County: New York State: M Zip Code: 10163  Phone: 718-749-4588 Home Work & Cell Email:
Who do you think discriminated against you?	Employer  Union  Employment Agency  Other Organization  Organization Name:  Suite:  Suite:  Phone:  Phone:
Why you think you were discriminated against?	Race Color Religion Sex National Origin Age  Disability Genetic Information Retaliation Other (specify)
What happened to you that you think was discriminatory?	Date of most recent job action you think was discriminatory:  Also describe briefly each job action you think was discriminatory and when it happened (estimate).
Signature and Verification	I understand this charge will be filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address, phone, or email. I will cooperate fully with them in the processing of my charge in accordance with their procedures.  I understand by signing below that I am filing a charge of employment discrimination with the EEOC. I understand that the EEOC is required by law to give a copy of the charge, which includes my allegations and my name, to the organization named above. I also understand that the EEOC can only investigate charges of job discrimination based on race, color, religion, sex, national origin, age, disability, genetic information, or based on retaliation for filing a charge of job discrimination, participating in an investigation of a job discrimination complaint, or opposing job discrimination.  I declare under penalty of perjury that the above is true and correct.  Signature:  Date:  Date:



United States Court of Appeals for Veterans Claims 625 Indiana Ave., NW Suite 900 Washington, DC 20004 202-418-HELP (3453) Attn: Clerk of the Court

efiling@uscourts.cavc.gov

#### CM/ECF EFILING REGISTRATION FORM FOR REPRESENTATIVES

This form is used to register for a valid user name and password that will allow all Filing Users to electronically file on the Court's Electronic Case Filing System. The issued user name and password will allow the Filing User to electronically file and retrieve electronic docket sheets and documents that have been filed in the Court's CM/ECF System.

**NOTE**: All CM/ECF Users must have and maintain an e-mail address to receive Notices of Electronic Docket Activity (Rule 1(a)(6)).

It is mandatory for all CM/ECF Users to complete the Court's posted training modules before submitting this form.

Full Name:
 (First, Middle, Last)

Telephone Number:

Email Address:
 (mandatory):

Firm Name:
 (if applicable)

The following information is mandatory for registration:

**NOTE**: Per US Court of Appeals for Veterans Claims Miscellaneous Order No. 08-08, the use of the Court's Electronic Filing System is mandatory for all represented parties. By submitting this registration form, the undersigned agrees to abide by all rules and all instructions posted on the Court's web site at <a href="https://www.uscourts.cavc.gov/electronic\_filing">www.uscourts.cavc.gov/electronic\_filing</a> and the items listed below:

- 1. The CM/ECF system is to be used by all CM/ECF Users to submit all documents except for case initiating documents (such as a Notice of Appeal or Petition for Extraordinary Relief) per E-Rule 2(c).
- 2. All filings must be submitted with an electronic signature and using the user name and login corresponding to the applicants signature on those filings (E-Rule 10 and E-Rule 1(a)(2)).
- 3. The participant is certifying by submitting this form that the required training has been completed.

Please electronically sign and return this form via email to efiling@uscourts.cavc.gov. Your electronic signature must be what you intend to use for all future electronic documents. See E-Rule 1(a)(2) for formatting

See E-Rule 1(a)(2) for formatting	
Applicant's Signature:	

**Current Mailing Address:** 

(include Suite #, City, State & Zip)

Date Submitted:

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# \*\*INSTRUCTIONS\*\* E-Filing Registration Form For Representatives



United States Court of Appeals for Veterans Claims 625 Indiana Ave., NW Suite 900 Washington, DC 20004 202-418-HELP (3453) Attn: Clerk of the Court efiling@uscourts.cavc.gov

#### **CM/ECF E-FILING REGISTRATION FORM FOR REPRESENTATIVES**

This form is used to register for a valid user name and password that will allow registrants to electronically file on the Court's Electronic Case Filing System.

The form must be saved as a PDF file, filled out, and then submitted via e-mail to: <a href="mailto:efiling@uscourts.cavc.gov">efiling@uscourts.cavc.gov</a>

All form fields are mandatory and must include the registrant's electronic signature.

This court recognizes the following format for electronic signature: /s/ Typed Registrant's Name

**NOTE:** Each registrant must complete the training before submitting this form. By submitting the form, the registrant is certifying that the training has been completed as required.

REMINDER: All CM/ECF Users must keep their email address updated with the Court to receive electronic docket notices (service).

2/17/2020

Personal
Income
Deductions / Credits
Misc
Summary
State
Filing
Add / Edit / Delete Wages (Form W-2)\_

Listed below are the W-2 form(s) that you've already entered on your return. Please make sure that you haven't entered any W-2 more than once.

Click *Edit* if you need to change existing *W*-2 information. Click *Delete* to remove a *W*-2 form from your tax return.

Employer Name	Person Name	
SE SHER CORPORATION	ROBERT	EditDelete
RUTGERS UNIVERSITY	ROBERT	EditDelete
TARGET CORPORATION	ROBERT	EditDelete
CHROMOCELL CORPORATI	ROBERT	EditDelete
RUTGERS UNIVERSITY	ROBERT	EditDelete

Do you need to enter any additional W-2 forms for wages and salaries?\_\_

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YesNo

Personal
Income
Deductions / Credits
Misc
Summary
State

Income Selection

S Corporation Income (Schedule K-

<u>1</u>)

Rental Income (Schedule E)

Farm Income (Schedule F)

Wages (W-2)

Interest Income (1099-INT) <u>Uncommon Income</u>

Dividend Income (1099-DIV) Gambling Income (W-2G)

<u>Unemployment Compensation</u> Original Issue Discount Income (1099-OID)

acial Security Banefite (SSA Fetate and

Social Security Benefits (SSA-1099) Estate and Trust Income (Schedule K-1)

Retirement Income (1099-R) Seller-Financed Loan Interest Taxable State Refund (1099-G) Royalty Income (Schedule E)

Stocks or Investments Sold

**Unreported Tips** 

(1099-B) Capital Loss Carryovers

Home Sale

Canceled Debt (1099-C or 1099-A)

Tuition Program Distributions (1099-

Business Income Q)

Form 1099-MISC Other Income

Business Income (Schedule C)

Partnership Income

(Schedule K-1)

Income Summary

Form 1098-T Information

# Enter the following information from the *Form 1098-T* that belongs to Robert for RUTGERS THE STATE UNIVERSITY OF NJ:

Federal Identification Number:	22-600110	8
Payments received for qualified tuition and related expenses (Box 1):	\$	
Amounts billed for qualified tuition and related expenses (Box 2):	\$ 7,606	
Adjustments made for a prior year (Box 4):	\$	
Scholarships or grants (Box 5):	\$ 6,859	
Adjustments to scholarships or grants for a prior year (Box 6):	\$	
Includes amounts for academic year beginning January - March 2015 (Box 7):		
Insurance contract reimbursement (Box 10):	\$	

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Save and Continue

< <b>a</b> 5 ···
RE: Overdue Bala cε 9/8/16
From: Wishart Alleyne Info
Hello C004000931 Shapiro, Robert E Our cord shows the following charges
OWED BY= C004000931 Shapiro, Robert E SSN #####5641 UNI res2195  MAC3: MAC4: PBIL: DREL: TPTY: AMT OWED: 2,024.49  TERM: SCHL: DIVN: DEPT: CAMP: AMT DUE.: 2,024.49  BPGM: DEAL: EXEM: IPLN: Uu TS: DDEP: Y CW: Y  ***********************************
ACCPT DATE TERM TC CODE C/P NAME ITEM REF IND EF/EX DATE AMOUNT
2016/02/27 2016 1 C 1LC2 LATE PAY CHG 2016/01/30 2015 3 C 1LC2 LATE PAY CHG 2015/12/12 2015 3 C 1LC2 LATE PAY CHG 2015/11/07 2015 3 C 1LC2 LATE PAY CHG 2015/11/07 2015 3 C 1LC2 LATE PAY CHG 2015/10/28 2015 3 C 1M12 MEDI INS 2015/10/28 2015 3 C 1H12 HRSF MORN 2015/10/23 2015 3 C 1DD Din. Dollars 2015/10/21 2015 3 C 1LC2 LATE PAY CHG 2015/10/13 2015 3 C 1LC2 LATE PAY CHG 2015/10/23 2015 3 C 1DD Din. Dollars 2015/10/13 2015 3 C 1LC2 LATE PAY CHG 2015/10/10 2015 3 C 1DD Din. Dollars 2015/10/10 2015 3 C 1DD Din. Dollars 2015/10/03 2015 3 C 1FLX Flex Account 2015/10/03 2015 3 C 1FLX Flex Account 2015/09/30 2015 3 C 1FLX Flex Account 2015/09/12 2015 3 C 1FLX Flex Account 2015/09/12 2015 3 C 1TRF Document Fee  E 2016/01/29 28.67 E 2015/12/11 28.67 E 2015/10/28 -459.00 E 2015/10/28 -459.00 E 2015/10/28 -459.00 E 2015/10/15 -36.49 E 2015/10/15 -50.00 E 2015/10/15 -50.00 E 2015/10/10 150.00 E 2015/10/10 150.00 E 2015/10/09 343.18 E 2015/10/09 75.00 E 2015/10/09 50.00 E 2015/10/09 50.00 E 2015/10/09 50.00 E 2015/09/23 200.00 E 2015/09/23 200.00 E 2015/09/12 100.00 E 2015/09/12 100.00 E 2015/09/12 1,057.00
Sincerely, Wishart Alleyne Senior Accounts Representative Student Financial Services



# EQUIFAX DATA BREACH SETTLEMENT

# Thank You

Based on the information you provided, our records indicate your personal information was impacted by this incident.

For more information, visit the FAQ page.

FILE A CLAIM